

Declaration of Conformity

Self-Certify

This European Declaration of Conformity is issued under the sole responsibility of the manufacturer.

MANUFACTURER				
Name of Company	Address	SRN		
,	8904 Beckett Rd West Chester, OH 45069, US	US-MF-000032794		

AUTHORIZED REPRESENTATIVE				
Name of Company	Address	SRN	Telephone/fax/email	
Emergo Europe	Westervoortsedijk 60	NL-AR-000000116	+31.70.345.8570 - phone	
	6827 AT Arnhem		EmergoEurope@ul.com	
	The Netherlands			

IMPORTER		
Name of Company	Address	
MedEnvoy Global B.V.	WTC The Hauge	
	Prinses Margrietplantsoen 33	
	Suite 123	
	2595 AM The Hauge, The Netherlands	

Product Name	Product Code	/ Catalog Number	Basic UDI-DI
Piranha Trauma Shears	TM -705, TM 7	07	0855204008_TSHEARSEE
Intended Purpose	·	Photo	•
Remove Clothing and cut gauze in		9 9	776x* 137 38 39 40 41 43 44

RISK CLASS FOR MEDICAL DEVICES		
Device Classification	Common Specifications	
Class 1, Non-sterile	NA	
Rule 1		

TyTek Medical declares that the above-mentioned products meet the provision of the following EU legislation:

Medical Devices Regulation (EU) 2017/745
 COMPANY REPRESENTATIVE: Mark Sweatman
 TITLE: Management Representative
 SIGNATURE:

PLACE: West Chester, OH US DATE: See Signature

Form # 9.1-3-2 Rev. 2 CR 21-028